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CONFIRMATION NO. 2699

|                                    |                                                               |                     |                               |                                              |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|----------------------------------------------|
| <b>SERIAL NUMBER</b><br>10/663,973 | <b>FILING OR 371(c)<br/>DATE</b><br>09/16/2003<br><b>RULE</b> | <b>CLASS</b><br>029 | <b>GROUP ART UNIT</b><br>3726 | <b>ATTORNEY DOCKET<br/>NO.</b><br>HMH-93 CIP |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|----------------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/301,262 11/21/2002 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
12/13/2003

|                                                                                                 |                                                                                                                                                        |                               |                        |                       |                            |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>NH     | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and<br>Acknowledged                                                                    | Examiner's Signature<br><i>[Signature]</i>                                                                                                             | Initials<br><i>[Initials]</i> |                        |                       |                            |

## ADDRESS

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TITLE *Method*

Fastening system for anchoring wood floors

|                                       |                                                                                                                   |                                                                                                                                                                                                                                                                                    |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE<br/>RECEIVED</b><br>462 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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